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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/611,755			Fiting Date 06/30/2003		☐ To be Mailed
APPLICATION AS FILED PART I (Column 1) (Column 2)									SMA	ALL (ENTITY	OR		HER THAN ALL ENTITY
FOR			NUMBER FILED		ED	NUMBER EXTRA			RATE	(\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				N/A		N/A			N/A				N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A				N/A		N/A				N/A	
(37 CFR 1.18(o), (p), or (q))			N/A			N/A			N/A				N/A	
	TAL CLAIMS CFR 1.18(i))		minus 20 =		us 20 =	•			X \$	=		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =			•			X \$	=			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))														
" If the difference in column 1 is less than zero, enter "0" in column 2.									TOTA	AL.			TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY	
AMENDMENT	12/05/2006	REMAINII AFTER AMENDM			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 54		Minus	 57		= 0		× \$	=		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 4		Minus	***4		= 0		x s	=		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))											OR		
									TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT	1/19/09	REMAIN AFTER AMENDM	ING R		NUM PREVK PAID	BER OUSLY	PRESENT EXTRA	,	RATE	(\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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	Independent (37 CFR 1.16(h))	. ~	P	Minus	/	J	Ξ		X \$	=		.ΩR.	× 3 =	
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))											OR		
									TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	
** 8	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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